## SEND ORIGINAL TO: REGISTRAR OF MOTOR VEHICLES P.O. BOX 199100 BOSTON, MASS. 02119

ONE COPY TO
POLICE DEPARTMENT in whose jurisdiction the

## MUST TYPE OR PRINT

## COMMONWEALTH OF MASSACHUSETTS OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY	

Describe Other Property Owner   Describe Other Property Owne		accident occurred.	oo jandalonen mo								Was this Accider If Yes, Cl	it Investiga neck One	ated by Box Bel	an Officer?		
Name of Operator Making Report  Name of Property Damage  Name of Property Operator					Hou					No	· — ·	ry 4	Sta	te Police		
Number of Operator Making Report		Mo. Bay II.		A.M.	1 2			Mass. drive	Ш		<del></del>	5	Loc	cal Police		
State   City Town   State   City Town   State   City Town   Registration Number and State		Name of Operator Making	Ш	0 1			Vehic	les		Dat		1   1   M				
Comparison Number and Address (if same, write "same")   Registration Number and State																
Name of Injuried   Size   Make   Type   Approximate Coat to Repair	C	Owner's Name and Address (if same, write "same")								Registration Number and State						
Name of Operator    Name of Operator   State		Name of Insurance Compa	Name of Insurance Company only may be written here Year Make													
Street Address   City/Town   State   Zip	Describe Damage to Vehicle  Yes Fire Dam											Yes P	Parked			
Street Address  City/Town  State  Zip  Mo Day Yes  Who Day Street Address  City/Town  State  Zip  Cowner's Name and Address (if same, write "same")  Registration Number and State  Registration Number and State  Approximate Cost to Kepair  Describe Damage to Vehicle  Describe Damage to Vehicle  Describe Other Property Damage  Approximate Cost to Kepair  Describe Other Property Damage  Approximate Cost to Kepair  Address  Address  Name of Property Damage  Approximate Cost to Kepair  Address  Address  Phone  Bus.  Res.  Number Injured  To what hospital was injured taken?  Name of Injured  To what hospital was injured taken?  Name of Injured  To what hospital was injured taken?  Name of Injured  Street  City/Town  State  City/Town  State  City/Town  State  Address  Phone  Bus.  Res.  Number Injured  To what hospital was injured taken?  Name of Injured  Street  City/Town  State  City/Town  State  Address  Person InJureD  Apasseger in Train, Bus. Etc.  Bus.  Name of Injured  Name of Injured  Street  City/Town  State  City/Town  State  City/Town  State  No Septimal St	Г	Name of Operator														
Registration Number and State    Name of Insurance Company only may be written here   Year   Make   Type   Approximate Cost to the Repair	Н	III								MO DAY YR    🗀 🗀						
Name of Insurance Company only may be written here   Year   Make   Type   Approximate Cost to Repair	C	C Owner's Name and Address (if same, write "same")									Registration Number and State					
Address   Bus. Res. Bus. Res. Bus. Res. Bus. Res.   Bus. Res		Name of Insurance Compa	ny only may be written	here			Year	Make		Туре		to Repai		ost		
Name of Property Owner    Name of Property Owner   Address   Bus.   Phone		Describe Damage to Vehic	le			'	<u> </u>			Yes Fire		Yes P	Parked			
W Other Witnesses or Persons Present			amage									to Repa		cost		
Bus. Res.  Number Injured To what hospital was injured taken?  Number Injured To what hospital was injured taken?  Number Injured To what hospital was injured taken?  Number Injured Street City/Town State  Number Injured To what hospital was injured taken?  Number Injured To what hospital was injured taken?  Number Injured Street City/Town State  Number Injured Street City/Town State  Number Injured To what hospital was injured taken?  Number Injured Street City/Town State  Number Injured Street City/Town State  Number Injured To what hospital was injured taken?  Number Injured Street City/Town State  Number Injured To what hospital was injured taken?  Number Injured Street City/Town State  Number Injured To what hospital was injured taken?  Number Injured To what hospital was injured taken?  Number Injured Street City/Town State  Number Injured To what hospital was injured taken?  Number	ĮΕ	Name of Property Owner	<del></del>													
Number Injured	W	Other Witnesses or P	ersons Present			Addr	ress				Ph	one				
Number Injured	NE															
Name of Injured    Street   City/Town   State	SES															
Age   Sex   INJURY SEVERITY   RESTRAINT SYSTEMS   PERSON INJURED   1   Operator   No   No   No   No   No   No   No		Number Injured To w	hat hospital was injure	d taken?						Taken	by Ambulance?	Yes 1		No		
Age   Sex   INJURY SEVERITY   RESTRAINT SYSTEMS   PERSON INJURED   Toperator   Passenger   No   Pedestrian   Passenger   No	I	,			Street				City/1	Town		5	State			
Name of Injured   Street   Safety Belt Used   Safety Belt Used   Child Restraint Used   Safety Belt Used   Child Restraint Used   Safety Belt Used   Child Restraint Used   Safety Belt Used   Safety Belt Used   Child Restraint Used   Safety Belt Used   Safety	J	Age Sex	INJURY	SEVERITY	F	RESTRA	INT SYSTEMS			o roto r						
Serious Visible Injury   Passenger In Train, Bus, Etc.   Pas			F 1 Killed		_ I —		Cofoty Dolt Lloos	.	· 🛏 - ˈ		}		ر ا	Pedestrian		
1 Yes   2 No	P		□ <del>-</del>  —	, ,	_ I	$\overline{}$	•	Jsed			In Train, Bus, Etc.		7 <b></b>	Bicyclist		
Name of Injured  Street  Street  City/Town  State  PERSON INJURED  Operator } In Vehicle Passenger No	1	1 Yes 2 No	4 No Vis	ible Injury but		_			`		On Motor	rcycle	<b>Ğ</b> — —			
Age Sex INJURY SEVERITY RESTRAINT SYSTEMS PERSON INJURED    Age   1	-	Name of Injured	Сопр	allits Of Falli	Street		Jag 5554		City/T	Town			<u>° Ш</u>			
R	J	Age Sex	INJURY	SEVERITY	F	RESTRA	INT SYSTEMS				PERSON INJU	RED				
Ejected From Vehicle 1 Yes 2 No No Visible Injury No Visible Injury but Complaints of Pain  Street  City/Town  State  Passenger In Train, Bus, Etc. 7 Bicyclist Moped Other  Name of Injured  Street  City/Town  State  Pedestriant Bicyclist Appease of In Train, Bus, Etc. 7 Bicyclist Moped Other  Complaints of Pain  Name of Injured  Street  City/Town  State  City/Town  State  Person InJured  Person InJured  Pedestriant Bicyclist Appease of In Train, Bus, Etc. 7 Bicyclist Noped Other  State  City/Town  State  Person InJured  Pedestriant Bicyclist Appease of In Train, Bus, Etc. 7 Bicyclist Appease of In Train, Bus, Etc. 9 Pedestriant Bicyclist Appease of In Train, Bus, Etc. 7 Bicyclist Appease of In Train, Bus, Etc. 9 Pedestriant Bicyclist Appease of In Train, Bus, Etc. 7 Bicyclist Appease of In Train, Bus, Etc. 9 Pedestriant Bicyclist Appease of In Train, Bus, Etc. 9 Pedestriant Bicyclist Appeare of In Train, Bus, Etc. 9 Pedestriant Bicyclist Appeare of In Train, Bus, Etc. 9 Pedestriant Bicyclist Appeare of In Train, Bus, Etc. 9 Pedestriant Bicyclist Appeare of In Train, Bus, Etc. 9 Pedestriant Bicyclist Appeare of In Train, Bus, Etc. 9 Pedestriant Appeare of In Train, Bus, Etc. 9 Pedest	R		F 1 Killed		Yes	No ?			. —		}	e				
2 1 Yes 2 No 4 No Visible Injury but Complaints of Pain Street Street City/Town State  Name of Injured Street City/Town State  No Person Injured Passenger No Operator In Vehicle Passenger No Passenger No Passenger No Operator No Operator Passenger No Operator Passenger No Operator No Operator Passenger No Operator No Ope	D		2 Seriou		<del>     </del>	-	•	۱ ۱	_ 🛏	•						
Name of Injured  Street  City/Town  State  PERSON INJURED  In Vehicle  Passenger  No 6 Pedestrian  Passeger In Train, Bus, Etc.  Toperator  Passenger  No Operator  Passenger  Operator  Operator  Passenger  Operator  Passenger  Operator  Operator  Operator  Operator  Passenger  Operator  Operat	2	4 1/ 0 N-	4 No Vis	ible Injury but	3		Helmet Used		`		On Motor	cycle	8	Moped		
Age Sex INJURY SEVERITY RESTRAINT SYSTEMS  PERSON INJURED  Operator In Vehicle  Description of the property of		Name of Injured	Солгрі	3	Street		<u> </u>	II	City/	Town		5	State			
Ejected From Vehicle  3	N	Age Sex	INJURY	SEVERITY	F	RESTRA	AINT SYSTEMS				PERSON INJU	RED				
Ejected From Vehicle  3	R	$\begin{bmatrix} 1 & 1 & 2 \\ 1 & M & M \end{bmatrix}$	F 1 Killed		Yes	No ?			· 🛏 - ˈ		}		_			
3 Minor Visible Injury 3 Minor Visible Injury 4 Operator No Visible Injury but 5 Passenger 4 On Motorcycle 8 Moped Others			2 Seriou		- □ `		•	a	_ —	•			× —			
	3	'	4 No Vis	ible Injury but	3		Helmet Used				On Motor	rcvcle	8	Moped		

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8<sup>1/2</sup> x 11 size sheet with same detailed information is attached. Please sign report in space provided below. City or Town Where Accident Occurred Nearest Mile Marker Number of Lanes At Rotary Yes If Accident Occurred on Ramp No Fill in Below: 2 On ramp to 0 Street Name or Route Number at intersection with route number C Ε S Α going Which direction was each vehicle traveling? Or ---- If not at intersection, fill in below: T Of nearest intersection, On ramp from Vehicle Vehicle bridge, mile marker, route number 0 No. 1 No. 2 railroad Ν going Other Landmarks Accident Involved Collision With: If Collision involved two or more vehicles mark Overturned in road 7 one of the following: Pedestrian Ran off roadway --non-collision Railroad Train 4 В Truck 8 Υ Ran off roadway hit fixed Motor Vehicle in 2 5 Fixed object on shoulder, С Moped P feet from road Rear End 2 Angle 3 Head On obiect sidewalk or island Motor Vehicle Parked Ε 3 D 6 Other Bicvcle School Bus What were vehicles doing Where was pedestrian located at time of accident? **ROAD SURFACE COLLISION CONDITIONS** LIGHT CONDITIONS Mark appropriate box Mark appropriate box Vehicle Dry Daylight Hit median barrier 1 2 Wet 2 2 Dawn or dusk 2 Hit guard rail At intersection Making right turn Snowv Darkness - road lighted 3 Hit curbing C Within 300 feet of 2 Making left turn 2 4 Icy intersection Hit abutment 4 Darkness - road unlighted 0 3 Making U Turn More than 300 feet from 3 5 Other L Hit signpost WEATHER CONDITIONS intersection 4 Going straight ahead L Walking in street with **ROAD CONDITIONS** 6 Hit utility or light pole Х 5 traffic Passing on right ı Walking in street against Hit tree Clear 1 5 S 6 Passing on left traffic 8 No Defects Embankment 2 Foggy ı 7 Standing in street Stop sign 9 2 Ditch Holes, ruts, bumps 3 Cloudy 0 Getting on/off vehicle 8 Skidding Rock ledge Ν 3 Rain Foreign matter on surface 8 Working on vehicle Slowing or stopping Stone wall 4 Working in street Defective shoulder 5 Snow Crossing median strip Playing in street Bridge rail Driverless moving vehicle 5 6 Sleet Road under construction В В Not in street Other 6 С Backing Other INDICATE ON THIS DIAGRAM WHAT HAPPENED D Starting in traffic TRAFFIC CONTROLS Use one of these outlines to sketch the scene of your accident, writing in street or highway Ε Х Starting from parked position names or numbers. C Stop sign 1. Number each vehicle and show direction 3. Show pedestrian by: 0 F Parked of travel by arrow: Yield sign N G Stalled or disabled **→**[1><2 D Warning sign Stalled or disabled Н 2. Use solid line to show path before accident 5. Show distance and direction in landmarks; with flasher on ı Signal light dotted line after accident identify landmarks by name or number J Т In process of parking Officer or flagman Entering or exiting ı K 6. Indicate north by arrow, as: Railroad crossing gate from alley or drivewa 6 0 Making right turn on 7 Railroad automatic signal N М Entering median 8 Control device not working S Ν Crossed median 9 No control present О Other No turn on red D INDICATE Α **NORTH** G BY ARROW R Α М Describe What Happened: (Refer to Vehicles by Number) My speed immediately prior to the accident was approximately m.p.h. Signature of operator making report Date

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